

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27277

Registrar's No.

2935

FILED SEP 12 1941

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution K.C. General Hospital, No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 9 days
(Specify whether
In this community No record
years, months or days)

3. (a) PRINT
FULL NAME Martin Doty

3. (b) If veteran, name war No record

3. (c) Social Security No. No

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced No record
6. (b) Name of husband or wife No record 6. (c) Age of husband or wife if alive No record years
7. Birth date of deceased No record
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 72 hr. min.

9. Birthplace No record 9
(City, town, or county) (State or foreign country)

10. Usual occupation No record

11. Industry or business No record

12. Name No record
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K.C. Gen. Hosp.

17. (a) Burial (b) Date thereof 8-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chandler Cemetery

18. (a) Signature of funeral director H. A. Lohmeyer

(b) Address City mortician

19. 8-4-41 (b) m m Crove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 701 West 12th St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1941 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from 4-24-41 to 6-2-41
that I last saw him alive on 6-2-41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration

Due to Hypertension 83A

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work (c) Means of injury
23. Signature Dr. R. K. Thorn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Wm A. Lohmeyer

Licensed Embalmer No.....

3089

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.